

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission								3. Service				4. Employing Office Location				5. Duty Station				1. Agency Position No.															
<input type="checkbox"/> Redescription <input type="checkbox"/> Reestablishment Explanation (Show any positions replaced) Standard MWR NAF PD								<input checked="" type="checkbox"/> New <input type="checkbox"/> Other				<input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field								6. OPM Certification No.															
7. Fair Labor Standards Act								8. Financial Statements Required								9. Subject to IA Action																			
<input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt								<input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest								<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
10. Position Status								11. Position Is								12. Sensitivity								13. Competitive Level Code											
<input type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)								<input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither								<input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 3--Critical <input type="checkbox"/> 4--Special Sensitive								14. Agency Use CNIC											
15. Classified/Graded by								Official Title of Position								Pay Plan				Occupational Code				Grade				Initials				Date			
a. Office of Personnel Management																																			
b. Department, Agency or Establishment																																			
c. Second Level Review								Mobile Equipment Servicer								NA				5806				02				SW 12-31-01							
d. First Level Review																																			
e. Recommended by Supervisor or Initiating Office																																			
16. Organizational Title of Position (if different from official title)																17. Name of Employee (if vacant, specify)																			
18. Department, Agency, or Establishment																c. Third Subdivision																			
a. First Subdivision																d. Fourth Subdivision																			
b. Second Subdivision																e. Fifth Subdivision																			
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.																Signature of Employee (optional)																			
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that																this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.																			
a. Typed Name and Title of Immediate Supervisor																b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)																			
Signature _____																Signature _____																			
Date _____																Date _____																			
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.																22. Position Classification Standards Used in Classifying/Grading Position																			
Typed Name and Title of Official Taking Action																FWS JGS For Mobile Equip Servicing TS-33 Sept 74 Hdbk of Occup Groups and Fam Aug 02																			
s. J. NEW																Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.																			
Principal Classifier																																			
Signature _____																Date 12-31-01																			
23. Position Review																Initials Date Initials Date Initials Date Initials Date Initials Date																			
a. Employee (optional)																																			
b. Supervisor																																			
c. Classifier																																			
24. Remarks																																			

25. Description of Major Duties and Responsibilities (See Attached)

NONAPPROPRIATED FUND POSITION DESCRIPTION

JOB TITLE:Mobile Equipment Servicer **POSITION NUMBER** 01-032A

JOB SERIES: 5806 **PAY LEVEL:** NA-2

Summary of Duties: Services vehicles by dispensing fuel, checking oil or water levels in crankcases, power steering, reservoirs, automatic transmissions, batteries, radiators, and other equipment as requested. Checks air in tires when requested.

May operate cash register and process money, checks and credit cards. May be responsible for own change fund. Performs other related duties as required.

Skills and Knowledge: Ability to operate electrically-controlled pumps for dispensing gasoline; to remove and install wiper blades, light bulbs, and similar items; to check air pressure in tires and inflate to correct pressure; to charge batteries and add distilled water or battery acid as necessary; to take daily meter readings of pumps and "dip-stick" readings of gasoline storage tanks; and to check for presence of water in storage tanks. May also be required to balance cash and change fund at end of day.

Responsibility: Work is assigned orally by a higher grade worker or supervisor. May be held accountable for cash receipts under the pump island control system. Observance of all fire and safety rules and regulations is mandatory. May require the wearing of issued safety equipment.

Physical Effort: Heavy lifting is required such as handling cans and drums of petroleum products weighing up to 40 pounds.

Working Conditions: Work is generally performed outside in all kinds of weather. There is frequent exposure to cuts and burns.